

ACUTE PAIN MANAGEMENT

Information for Patients and Families

Guidelines for safe and effective pain management



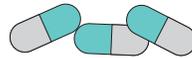
Patients and parents/caregivers may be reluctant to use pain medications due to concerns about potential side effects, concerns about addiction or a lack of understanding about how they work.

The Goal of Pain Management: Our goal is for comfort and function, as we may be unable to completely remove the pain. Preventing the pain is better than treating it!

Pain relief is important and we suggest a combination of the following strategies called **the 3 P approach**.



Pharmacotherapies



are pain relieving medicines. You should follow your doctor's instructions carefully for correct dosing and timing of all medications.

- Acetaminophen (i.e. Tylenol®) and Non-Steroidal Anti-Inflammatory medications (NSAIDS such as Advil® or Motrin®) can safely be used together. They can work better when taken together to control pain.
- Your team will discuss with you the correct dosing and timing for giving both Tylenol and / or NSAIDS.



Physical Therapies



- **Positioning for Comfort:** Re-position as needed to become more comfortable.
- **Deep Breathing:** Taking slow deep breaths is calming and can help with relaxation.
- **Cold:** Cold packs or cloths can reduce swelling or can be used for short term pain. Use for 15 minutes each hour as needed for 24 - 48 hours. Do not use with babies or small children. Monitor skin and protect it!
- **Heat:** Heat can reduce pain in joints and muscles. Do not use with babies under 6 months. Monitor skin and protect it! Avoid placing items in the microwave to heat.

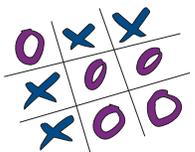


Psychological Therapies



such as distraction, bubbles, books, cards, games, electronics (i.e. movies, music) and conversation are all good tools. Mindfulness, coaching and parental presence can also be helpful.

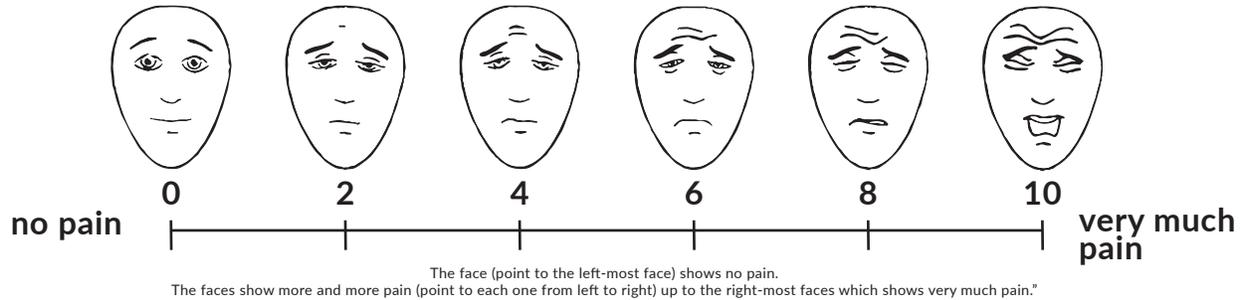
- **Imagery:** Encourage your child to use their imagination to challenge feelings of pain and to gain a sense of control over the situation.
- **Coaching and Parental Presence:** It's helpful when parents are positive, supportive and encouraging.
- **Language:** Acknowledge your child's pain at a level they can understand.
- **Distraction:** Use play and other engaging activities such as arts, crafts, reading, movies and music. Babies and younger children may find comfort from a pacifier, blowing bubbles or story time.



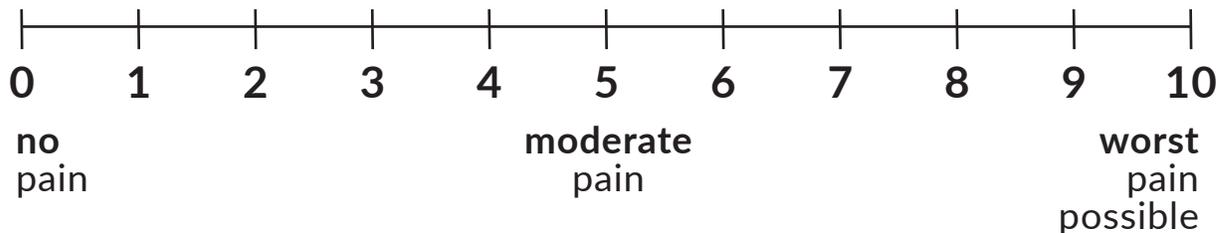
Using all of the above strategies together can reduce the amount of medications that will be needed and will reduce the pain.

HOW WE MEASURE PAIN: There are different pain scales we use to assess the pain level.

Faces Pain Revised (FPS-R) is for younger children (ages 4 – 12 years).



The Numerical Rating Scale (NRS) is for older children or youth (ages 6+ years).



HOW WE MANAGE THE PAIN:

You will be offered both Acetaminophen NSAIDS for pain control, unless your child has an allergy to the medications.

NSAIDS will be considered based upon your child's condition.

The dosing of these medications are based upon your child's weight.

GOOD PAIN CONTROL WILL:

Increase comfort after tests, procedures, after surgery and at home

Improve function (eat / drink, take deep breaths, cough and move easily)

May prevent chronic pain and a longer hospital stay.

If these medications, along with other physical and psychological therapies, do not control your child's pain, contact your doctor for re-assessment.

For Mild / Moderate Pain:

Acetaminophen
(Tylenol®)
Ibuprofen
(Advil® or Motrin®)



Non-Pharmacological Therapies:

Positioning for comfort,
heat, cold,
distraction, coaching



SAFETY FIRST:

- Do not use NSAIDS regularly (around the clock) for more than 5 days as they may cause irritation of the stomach.
- Follow the directions provided by your doctor for appropriate doses and timing for both Tylenol® and NSAIDS. Your child will require less medications over time.
- Contact your doctor if pain continues and is not managed with the 3P approach.